INVENTORY CHECKLIST

DUE DATE:	
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Individual's Name:

DMH#:

No. Entrance No. Extraction Sending Provider				1	
Household Items	Items	No.	Entrance (New Provider)	No.	Exit (Sending Provider)
Bed Dresser Mirror Night Stand Lamp(s) Mattress TV Radio Stereo DVD DVD DVD CD Player Video Game(s) Couch Couch Chair(s) End/coffee tables Dining Room Set Dining Room Set VCR Dishes Flatware Flatware Pots and Pans Toaster Skillets Skillets Microwave oven Hangers Bed/Bath Linens Comforter(s) Sheets Pillow case(s) Bath towel(s) Personal Care Products (ISL only) Mouthwash Deodorant Toothbrush Comb Brush Soap	Household Items		,		, ,
Dresser Mirror Might Stand Image: Company of the part of					
Mirror Night Stand Lamp(s) Lamp(s) Mattress	Dresser				
Night Stand Lamp(s) Mattress Image: Company of the part o					
Lamp(s) Mattress TV Stereo DVD CD CD Player CDPlayer Video Game(s) COUCH Chair(s) COUCH Coaster COUCH Skillets COUCH Microwave oven COUCH Hangers COUCH Bed/Bath Linens COUTCH Comforter(s) COUCH Sheets COUCH Personal Care Products (ISL only) COUCH Mouthwash COUCH Deodorant COUCH Toothpaste COUCH Toothpaste COUCH Toothpaste COUCH Toothpaste COUCH Toothpaste COUCH To					
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Radio Stereo DVD					
Stereo DVD CD Player Video Game(s) Couch Couch Chair(s) End/coffee tables Dining Room Set VCR VCR Dishes Flatware Pots and Pans Toaster Skillets Skillets Skillets Microwave oven Hangers Bed/Bath Linens Comforter(s) Sheets Pillow(s) Pillow (see(s) Pillow (see(s) Bath towel(s) Personal Care Products (ISL only) Mouthwash Deodorant Toothpaste Toothpaste Toothpush Comb Brush Soap					
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Video Game(s) Couch Chair(s) Chair(s) End/coffee tables Couch Dining Room Set Couch VCR Couch Joshes Couch Pots and Pans Couch Toaster Couch Skillets Couch Microwave oven Couch Hangers Couch Bed/Bath Linens Couch Comforter(s) Couch Sheets Pillow(s) Pillow(s) Pillow case(s) Bath towel(s) Couch Personal Care Products (ISL only) Couch Mouthwash Couch Deodorant Couch Toothbrush Comb Brush Soap					
Couch Chair(s) End/coffee tables					
Chair(s) End/coffee tables Dining Room Set					
End/coffee tables					
Dining Room Set CR VCR CR Dishes CR Flatware CR Pots and Pans CR Toaster CR Skillets CR Microwave oven CR Hangers CR Bed/Bath Linens CR Comforter(s) CR Sheets CR Pillow(s) CR Pillow case(s) CR Bath towel(s) CR Personal Care Products (ISL only) CR Mouthwash CR Decodorant CR Toothpaste CR Toothbrush CR Comb CR Brush CR Soap CR					
VCR					
Dishes Flatware Pots and Pans ————————————————————————————————————					
Flatware Pots and Pans Toaster Skillets Microwave oven Hangers Bed/Bath Linens Comforter(s) Sheets Pillow(s) Personal Care Products (ISL only) Mouthwash Deodorant Toothpaste Toothbrush Comb Brush Soap					
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Toaster Skillets Microwave oven ————————————————————————————————————					
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Mouthwash	Personal Care Products (ISL only)				
Deodorant Toothpaste Toothbrush Comb Brush Soap					
Toothpaste Toothbrush Comb Brush Soap					
Toothbrush Comb Brush Soap					
Comb Brush Soap					
Brush Soap					
Soap					

Items	No.	Entrance (New Provider)	No.	Exit (Sending Provider)
Clothing				
Undergarments				
Shirts				
Pants				
Shoes				
Socks				
Jacket				
Gloves				
Boots				
Skirts/Dresses				
Sweaters				
Medication				
Doctor's orders for medications within last 30 days.				
Supply of medications in acceptable script, 30 days preferred.				
(List all w/dosage)				
Adaptive Equipment				
Clinical Folder (Please attach to Checklist	and Re	turn to Service Coo	rdinator	•)
Dental examination w/in last 12 months.				
Medicaid Card.				
Social Security Card, if available.				
Hepatitis Series report and Immunization				
record. If not available, then statement that it's not available signed by Support Coordinator.				
Pertinent medical information that may include: Tuberculin skin test and results or				
chest x-ray, screening for contagious diseases, CBC report, urinalysis (UA), consultation reports as appropriate, GYN, ophthalmology,				
ENT, neurologist, etc.				

Items	No.	Entrance	No.	Exit
		(New Provider)		(Sending Provider)
Annual physical examination within last 12				
months or provider should make appointment to get physical as soon as possible.				
to get priysical as soon as possible.				
Psychological evaluation, if one has been				
done.				
Personal Plan, Personal Plan Reviews,				
Behavior Support Plan.				
Current Monthly Review-last 3 months.				
Emergency Information form.				
Guardianship papers.				
Functional Assessment.				
Spending Money/Start-up				
Miscellaneous Items				
			1	l
Sending Provider Staff				
By signing this Inventory List, you are stating th	nat the a	above items checke	d, have	been discharged
to the provider agency, accompanying the con			•	G
to the promise agency, accompanying the con-			•	
Provider Staff Signature		Date		_
Trovider otali olgilatare				
Receiving Provider Staff				
By signing this Inventory List, you are confirming	ng recei	pt of the above iter	ns check	ed, which have
accompanied the consumer to his/her new hor	_	p. 0 a		
decompanied the consumer to may her new nor	iiic.			
Provider Staff Signature		 Date		
FIOVIDEI Stall Signature		Date		
NOTE: Copies shall be given to Sanding Provide	or Agon	cy and the Pegional	Office	
NOTE: Copies shall be given to Sending Provide	- Agen	cy and the neglonal	onice.	

Inventory Checklist for Habilitation Center Moves